



Aggressive Behavior

The resident engages in aggressive outburst that can often offend, disrupt or distract other residents and influence everyone's potential enjoyment of an event or activity. This behavior can in some circumstances endanger the safety of other people.¹

What to Look for:

- ✓ The person may have threatened to hit or physically attack staff or other residents. He/she may swear loudly at different times. The resident may also have episodes of shoving, hitting or scratching others.²

What to Do:

Invite, encourage and assist to engage in activities of interest.³

Provide an unhurried pace.

Try small groups for a more controlled atmosphere.⁴

Listen and respond to, or anticipate, needs.⁵

Emphasize rights, security and safety.⁶

Remind calmly about the necessity to refrain from ____ing.

Report any incidents to nursing/administration as per documentation requirements.⁷

1, 2 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

3 Art Therapy for Alzheimer's Disease and Other Dementias: A Review. Chancellor, B., Duncan, A., and Chatterjee, A. *Journal of Alzheimer's Diseases* 39 (2014) 1-11. Retrieved at: http://wernicke.ccn.upenn.edu/~chatterjee/anjan_pdfs/Chancellor_ArtTherapy_AD_JAD.pdf

4 The Use and Utility of Specific Nonpharmacological Interventions for Behavioral Symptoms in Dementia: An Exploratory Study. Cohen-Mansfield, J., Marx, M.S., Dakheel-Ali, M., Thein, K. *The American Journal of Geriatric Psychiatry*. February 2015, Volume 23, Issue 2, Pages 160-170. Retrieved at: [http://www.ajgonline.org/article/S1064-7481\(14\)00192-4/pdf](http://www.ajgonline.org/article/S1064-7481(14)00192-4/pdf)

5 Non-Pharmacological Interventions in Dementia. Douglas, S., James, I., and Ballard, C. *Advances in Psychiatric Treatment*. May 2004, 10 (3) 171-177. Retrieved at: <http://apt.rcpsych.org/content/10/3/171.full>

6, 7 Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care (the guideline). British Columbia Ministry of Health. 2011. Retrieved at: <http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>



Physical Affections

This resident will focus their attention on one or various peers during a group activity in an affectionate way. They may hold onto a person's arm or hand, lean in to speak into their peer's ear or caress their shoulder or arm.¹

What to Look for:

- ✓ These types of overly affectionate behaviors can make peers, spouses and family members uncomfortable. Schedule a conversation with loved ones about their wishes.
- ✓ The resident shows a continuous desire for both sensory and physical affection as well as social closeness and expresses this in a distressing way in public settings.

What to Do:

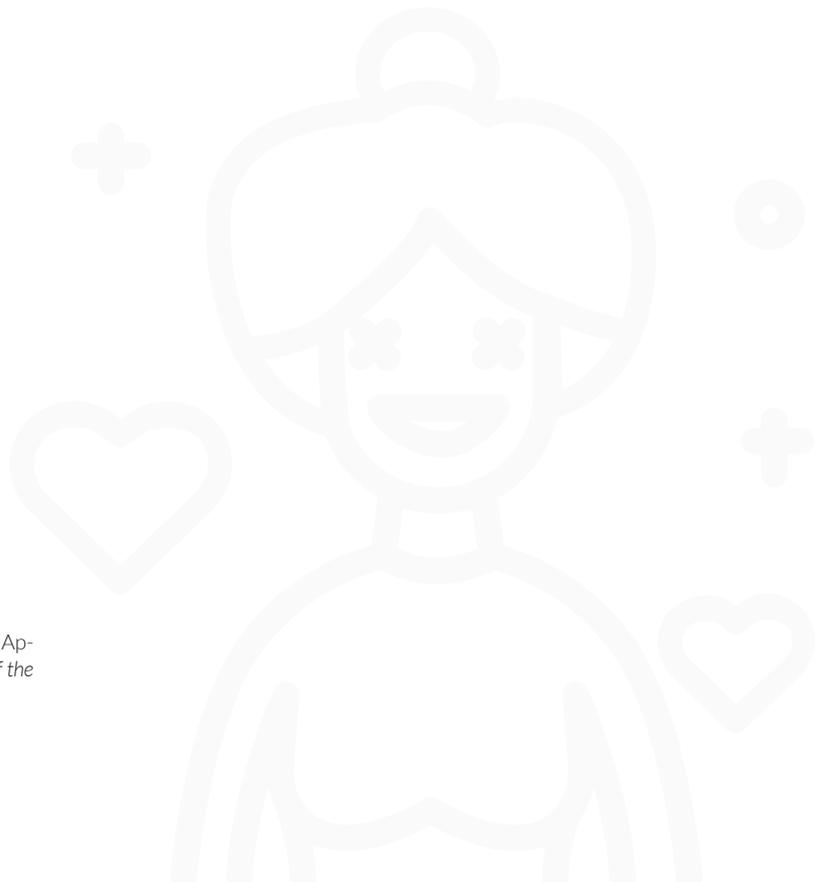
Set aside time to talk with family and loved ones about collaborate on a plan for how to address the affectionate behavior.

If the resident starts to express physical affections, calmly divert their attention by using activity props, tasks or changing seating.²

Encourage family members and loved ones to devote more time to expressing their affection with the resident. This could be sitting next to each other or hugging.

¹ The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

² Joller, P., Gupta, N., Seitz, D.P., Frank, C. Gibson, M., & Gill S.S. (2013) Approach to inappropriate sexual behaviour in people with dementia. *Care of the Elderly Series, Clinical Review*, 59, 255-60





Resistive to Care

The resident is considered resistive if they: act verbally abusive before or during daily care, use profanities or swearing, resist by stiffening their arms or legs or pulling them close to their body, yell words, sounds or howl, grab, scratch or physically push their caregiver.¹

What to Look for:

- ✓ Complaints from staff of injuries to themselves or the resident and possible unmet daily care needs because of their resistance.²

What to Do:

Offer small group self care activities (manicures, vanity fair, sensory lemon hand washing, sensory lotion massage, etc.) as a way to transition level of acceptance of care activities from leisure experiences to needed daily care.³

Observe comfort levels of touch and speed/pace of interactions and adjust accordingly.⁴

Determine preference for male or female caregivers for personal care.⁵

Determine preferred setting (own room, shower room, own bathroom) and offer health care accordingly.⁶

Use simple directions.⁷

Show health care supplies and offer explanations of health care procedures prior to initiation

Place health care materials (toothbrush, water cup, hair brush) in convenient and visible areas.

1, 2 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

3 The Use and Utility of Specific Nonpharmacological Interventions for Behavioral Symptoms in Dementia: An Exploratory Study. Cohen-Mansfield, J., Marx, M.S., Dakheel-Ali, M., Thein, K. *The American Journal of Geriatric Psychiatry*. February 2015, Volume 23, Issue 2, Pages 160-170. Retrieved at: [http://www.ajgponline.org/article/S1064-7481\(14\)00192-4/pdf](http://www.ajgponline.org/article/S1064-7481(14)00192-4/pdf)

4 Agitated Behavior in Persons with Dementia: The Relationship between Type of Behavior, its Frequency, and its Disruptiveness. J Cohen-Mansfield. *Journal of Psychiatry Res.* 2008 November; 43(1) 64-69 Retrieved at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643974/pdf/nihms79220.pdf>

5 Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care. British Columbia Ministry of Health. 2011. Retrieved at: <http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>

6, 7 Caring for a Person with Alzheimer's Disease Your Easy-to-Use Guide from the National Institute on Aging. 2012. Retrieved at: <http://bit.ly/1R1oNgZ>





Sexual Aggression

A person that exhibits sexual aggression may elicit angry, physical responses from the non-consenting peers/caregivers/visitors which could cause harm to both parties.¹

What to Look for:

- ✓ He/she may make verbally explicit comments and suggestions, touch or fondle non-consenting peers, attempt to grab or fondle caregivers while daily care is being provided or activities are taking place; and this person may be unable to understand or remember that this sexual behavior is unacceptable.²

What to Do:

Inform physician or psychologist of behavior upon initial onset of sexual aggression and take advised course of action.³

At onset of behavior, calmly and firmly redirect to publicly acceptable behaviors.⁴

Schedule private time for him/her to safely sexual express/display sexual feelings.⁵

Offer him/her activity equipment from lifelong interests as a re-directive measure.⁶

Remember and remind others as needed that dementia-related diseases can cause these behaviors.⁷

1, 2 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

3, 5, 6 Approach to Inappropriate Sexual Behaviour in People with Dementia. Care of the Elderly Series, Clinical Review. Joller, P., Gupta, N., Seitz, D.P., Frank, C. Gibson, M., and Gill S.S. Vol 59: 255-60, March 2013. Retrieved at: <http://www.cfp.ca/content/59/3/255.full.pdf>

4 Caring for a Person with Alzheimer's Disease Your Easy-to-Use Guide from the National Institute on Aging, 2012. Retrieved at: <https://d2cauhfh6h4x0p.cloudfront.net/s3fs-public/caring-for-a-person-with-alzheimers-disease.pdf>

7 Non-Pharmacological Interventions in Dementia. Douglas, S., James, I., and Ballard, C. Advances in Psychiatric Treatment. May 2004, 10 (3) 171-177. Retrieved at: <http://apt.rcpsych.org/content/10/3/171.full>





Threatening Speech or Actions

This resident may be using threatening actions toward those around them either sometimes or frequently. This includes making fists, tightening their grip on a caregiver, using angry expressions or yelling angry statements.¹

What to Look for:

- ✓ This person may walk quickly toward staff members or peers and stand very close to them with a glaring expression on their face.
- ✓ Yelling may include phrases like “I hate you,” or “I’ll hit you!”
- ✓ The threatening speech or actions may escalate if not properly addressed and can lead to self-harm or the harming of others.

What to Do:

On a daily basis, intervene when threatening behavior takes place by using gentle and firm redirection to a different topic or a specific activity.²

Determine if the resident is acting out because they are hungry, thirsty, in pain or need to use the restroom.³

Approach the person slowly and use a calm, steady voice to identify the behavior out loud and ask the individual to “please stop.”

Assist the person to an environment that is comfortable, with dim lighting, soft music⁴ and quiet atmosphere. Take this time to reflect on pleasant memories with the resident.

1 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

2 Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care (the guideline), British Columbia Ministry of Health. 2011.

3 Hubbard, G., Cook, A., Tester, S., Downs, M. (2002). Beyond words: Older people with dementia using and interpreting nonverbal behaviour. *Journal of Aging Studies*, 16, 155-167.

4 Narme, P., Clément, S., Erhlé, N., Schiaratura, L., Courtaigne, B., Munsch, F., & Samson, S. (2013). Efficacy of musical interventions in moderate to severe dementia: Evidence from a randomized controlled trial. *Alzheimers & Dementia*, 9, 117